

A Précis of the Connecticut Medicaid Program

Department of Social Services

Executive Summary

Under the leadership of Governor Dannel Malloy and Commissioner Roderick Bremby, the Connecticut Department of Social Services (DSS) is the single state agency for the administration of Connecticut Medicaid and the Children's Health Insurance Program (CHIP). Medicaid and CHIP are collectively described as the HUSKY Health Program.

The DSS Division of Health Services as well as Eligibility Policy and field staff support access to and utilization of HUSKY Health. These programs provide person-centered health care coverage to almost 750,000

individuals (20% of the Connecticut population).

Our vision for Medicaid and CHIP is that they represent an effective health care delivery system for eligible people in Connecticut that promotes:

- 1) well-being with minimal illness and effectively managed health conditions;
- 2) maximal independence, and
- 3) full integration and participation in their communities.

HUSKY Health serves eligible children, their caregivers, older adults, individuals with disabilities and single, childless adults. HUSKY also helps keep older adults and people with disabilities independent at home through Medicaid "waivers".

Key Strategies:

The Department of Social Services Division of Health Services is employing diverse strategies to achieve improved health outcomes and cost efficiencies in the Medicaid program. Strategies include:

- 1) use of an administrative services organization (ASO) platform to promote efficient, cost-effective and consumer/provider responsive Medicaid medical, behavioral health, dental and non-emergency medical transportation (NEMT) services;
- 2) use of data analytics to improve care;
- 3) activities in support of improving access to preventative primary care;
- 4) efforts to support integration of medical, behavioral health, and long-term services and supports (LTSS);
- 5) initiatives designed to "re-balance" spending on LTSS; and
- 6) efforts to promote the use of health information technology.

Unique ASO Model

By contrast to almost all other Medicaid programs throughout the nation, Connecticut Medicaid is not using any managed care arrangements and is structured as a managed, fee-for-service program. Each of the four Administrative Services

Organizations (ASOs) are contracted to administer services and to achieve improved health and satisfaction outcomes for beneficiaries, as well as improved experience for providers enrolled in the Medicaid program. The ASOs are responsible for

member and provider support, data analytics, Intensive Care Management, technical support for Person Centered Medical Home practices, and a host of targeted initiatives in support of the needs beneficiaries.

HUSKY Health care and satisfaction outcomes are improving, and costs are holding constant.

Where is HUSKY Health heading?

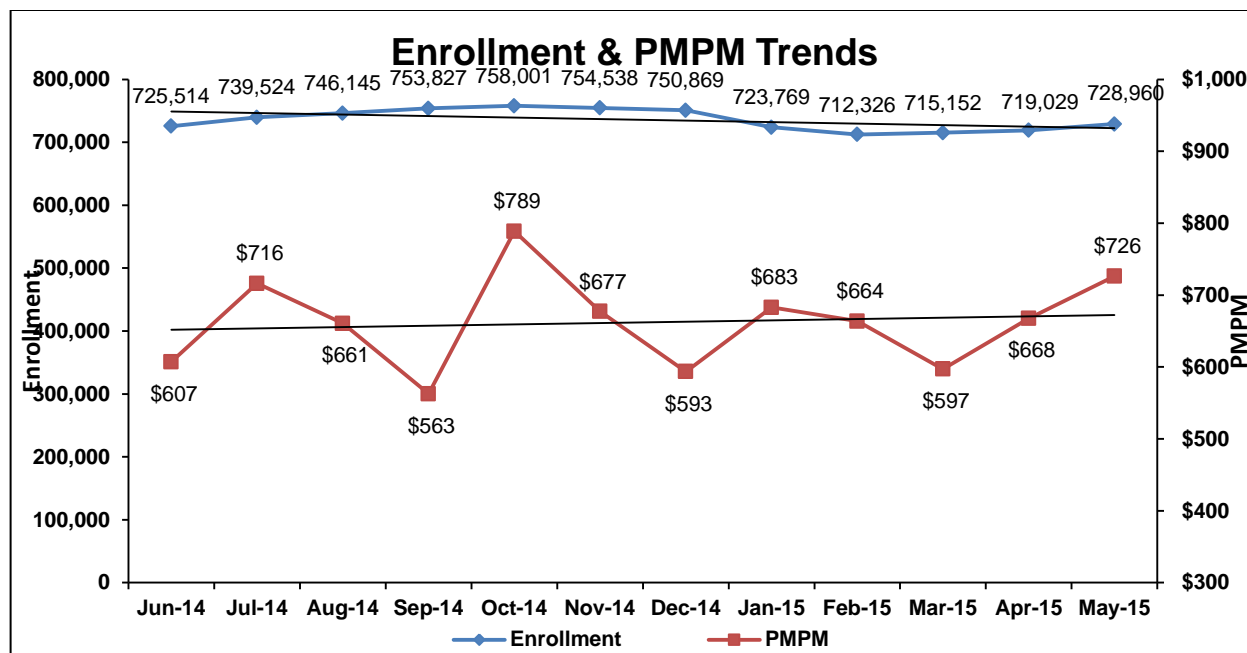
1. Integration of services in support of well-being.

2. Meaningful engagement with social determinants of health (e.g. housing stability, food security).

3. Increased use of our rich store of data.

Current Participation in HUSKY Health

Coverage Group	Description	Participation as of June, 2015
HUSKY A	Connecticut children and their parents/relative caregivers as well as pregnant women, all based on income	460,718
HUSKY B (Children's Health Insurance Program or CHIP)	Uninsured children under age 19 in higher-income households	15,057
HUSKY C	Individuals age 65 and older, individuals who are blind, individuals who have disabilities	93,868
HUSKY D	Childless individuals age 19-64 who do not otherwise qualify for Medicaid	191,556



The Medicaid budget represents 13.6% of the state budget, and totals approximately \$6 billion annually (including federal and state shares). The program has administrative costs (including all eligibility-related costs) of only 5.2%. Connecticut Medicaid is one of the very few Medicaid programs whose expenditures have remained fairly constant. Per member per month (PMPM) costs have also been held constant.

Connecticut's Medical Expenditure Trends

	FY 12 to FY 13 Change	FY 13 to FY 14 Change
U.S. Total Spending	7.6%	12.2%
DSS Expenditures (Gross) *	4.3%	9.4%
Enrollment (Average)	5.1%	7.5%
PMPM (Average)	-0.7%	1.8%

* Expenditures are net of drug rebates and include DMHAS' behavioral health costs claimable under Medicaid.